



# What works? What fails?



## FINDINGS FROM THE NAVRONGO COMMUNITY HEALTH AND FAMILY PLANNING PROJECT

Vol. 3, No. 15

Navrongo Health Research Centre

### A PIO'S OPINION

**WW: You have been Paramount Chief long before the NHRC began. Has the NHRC had any impact on health in your paramouncy? (If yes): Could you explain by giving examples?**

**Chief Ayagitam:** VAST impact! The Navrongo Health Research Centre has been able to sensitise the people of this community on a host of health issues. Through its activities, the people of Chiana are now exposed to several preventive measures against diseases. The health workers have also taught the people how to offer first aid to the sick and the need to vary their diets so as to gain the different nutrients responsible for healthy growth. But the people should not always be so helpless, they should learn on their own to avoid contracting diseases—this I think can go along way to reduce the burden on the health workers.

**WW: What diseases do you think have been brought under control if not completely eradicated?**

**Chief Ayagitam:** The main ones I will say are fever and malaria. But there are a few cases of elephantiasis too. It is in the rainy season that malaria cases are mostly prevalent here because the mosquitoes tend to breed more due to the presence of stagnant water. However, the NHRC has provided treated mosquito nets for almost every household and this has helped in no small way to curb the alarming rates of malaria attacks and fatalities in the Chiana community.

**WW: Did anyone from the NHRC come to see you about the Community Health and Family Planning project (CHFP)? (If yes), Can you describe the first such occasion when someone from the NHRC came to talk to you about the CHFP?**

**Chief Ayagitam:** I don't remember the exact date but it was somewhere in the dry season over ten years ago. Their first visit was to talk about the Vitamin A Supplementation Project. In fact staff from the NHRC said they came to work with the people hence the need to familiarise themselves with the community to ease their work. Later on another occasion, the research workers came and said they wanted to bring a nurse to live with us and provide health care. They asked for accommodation in the community; my people did not hesitate to build some houses for them. I believe the nurses and my people are cooperating because I've not heard complaints from either side. We really appreciate the nurses' services and hope they will continue to do more.

**WW: What were your immediate impressions?**

**Chief Ayagitam:** At first, we did not think things would work smoothly since we never experienced them, but all the same, we decided to give it a try. Soon we came to realise how important their services were to our existence. The health workers are hardworking because they leave early in the morning for their posts to work for the people. The NHRC nurses and the other health workers have also educated the people to report all cases of ill health immediately to the hospital or health centre for quick attention.

**WW: Some workers report that there is community apathy about the CHFP. Do you agree with this assertion? (If yes), What have you done to address such issues?**

The Chianapio, Pe, Roland Adiali Ayagitam II



**Chief Ayagitam:** The people in this community are hardworking and they come out in numbers to help in the building and maintenance of the health compounds for the nurses. For instance, in Kania and Nyangania we did not encounter any such problems in the construction of the CHC. The people in these places worked tirelessly to complete them. Women supplied water and men did the building. However, a little problem was how to store the water for use—in Kania, we were able to secure a water tank for construction work. We were happy when the first nurse was posted to Nyangania but, I'm sad to say, when she left there was no replacement for a long time and the people suffered a lot.

**WW: Your sub-district has had a Health Centre since 1972. Did you really need a CHO in your paramountcy?**

**Chief Ayagitam:** Over here, we have dispersed settlements quite unlike southern Ghana where the settlements are nucleated and clinics can be sited for one group of people at one particular point. Here our houses are too far apart and most of them are far away from the health centre thus getting a very sick person to the hospital becomes a difficult task. Nyangania, for instance, is about 7 miles away from the health centre in Chiana. Compounding the problem is that there are no ready vehicles to convey seriously sick people to the health centre. I see the intervention of these nurses as very crucial because they are able to move into remote places to render services to the rural people. The health centre alone cannot or will not do this.

**WW: A study has indicated that the ancestors are not averse to family planning. As a traditional ruler, do you agree with this conclusion? Why do you agree or disagree with this conclusion?**

**Chief Ayagitam:** I do not blame our ancestors for not planning their families because in those days there were no quality medicines and people—especially children—died easily and often. Infant morbidity and mortality were very high thus the need to give birth to many children

with the hope that when death strikes, at least a few will remain. It was more like a reaction to some reality that could not be altered. I seriously support family planning today because it is not easy to provide a large family with food, shelter, and education for the children. Today, if you are not able to put your children in school there is the tendency that they will go wayward and may turn back to you for their needs even when they are grown up. This is a big problem for parents. Family planning is ideal because it makes you plan when to give birth and how many children to have. Family planning makes you able to plan your life and manage adversity and economic hardships that can deprive you of happiness all your life.



The Chianapio singles out CHO for special commendation

*Send questions or comments to: What works? What fails?*

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This series has been launched to share experiences with people in Ghana and elsewhere around the world about what has worked and what has failed in an experiment to make primary health care widely accessible to rural people. The Kassena-Nankana community, whose active participation made *The Navrongo Experiment* possible, are hereby duly acknowledged. This publication was made possible through support provided by the Office of Population, Bureau for Global Programs, Field Support & Research, U.S. Agency for International Development, under the terms of Award No. HRN-A-00-99-00010. The opinions expressed herein are those of the authors and do not necessarily reflect the views of the U.S. Agency for International Development. Additional support was provided by a grant to the Population Council from the Bill and Melinda Gates Foundation. The Community Health Compound component of the CHFP has been supported, in part, by a grant from the Vanderbilt Family to the Population Council.